Arizona Health Improvement Plan

Detailed Action Plan

2021-2025

Priorities

Numerous community and stakeholder forums were held during the planning of the 2021-2025 Arizona Health Improvement Plan (AzHIP). In total, over 500 individuals participated from both private and public organizations across the state. These forums were designed to ensure the AzHIP priorities were meaningful and addressed the most important issues to Arizonans.

Attendee feedback was captured and reviewed by each AzHIP priority team with the intent of including as much as possible for the first 18-24 months of the plan. Additional ideas can be found on the Forum Suggestions page as they will be reviewed periodically throughout the life of this 2021-2025 AzHIP and incorporated into the action plans whenever possible.

Note: Leading organizations of tactics and/or action steps have been noted in parentheses.

Health Equity

VISION

Health equity is defined as every person having the opportunity to "attain their full health potential," and is improved when individuals who are impacted by inequities and injustices are co-creating solutions and policies; and when systems are responsive to communities.
Health inequities and injustices include differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment, disadvantages due to race or other socially and economically determined circumstances.

Strengthening Data Infrastructure: Informing, Integrating, and Sharing

Tactic A

Develop a statewide Data & Usability Advisory/Committee

- Create a Data & Usability Advisory/Committee that will develop and define the scope and purpose of strengthening data structures. The AzHIP Steering Committee, AzHIP Co-Chairs, and AzHIP Health Equity CORE Team will recommend partners to the ADHS AzHIP Leadership to participate in the Data & Usability Advisory/Committee. (ADHS, all AzHIP Co-Chairs, Health Information Exchange (HIE)-Health Current, Vitalyst Health Foundation)

- The Data & Usability Advisory/Committee will assess data needs and identify ways statewide communities and stakeholders are included to inform data and usability efforts. (ADHS, Data & Usability Advisory/ Committee, HIE-Health Current, Vitalyst Health Foundation)

- The Data & Usability Advisory/Committee will identify additional community stakeholders and partner organizations who should participate in the Data & Usability Advisory/Committee. (Data & Usability Advisory/Committee)

- The Data & Usability Advisory/ Committee will advise ADHS in aligning the five (5) AzHIP health priorities data/performance/ outcome measures with Healthy People 2030 measures. (ADHS, Data & Usability Advisory/Committee)

Tactic B

## Co-create a Health Equity data framework for the state of Arizona

- Complete an assessment or gap analysis that identifies critical data elements. (ADHS, HIE-Health Current, Data & Usability Advisory/ Committee)

- Identify standardized health equity data indicators and definitions; and create a platform (opportunity to inform HIE platform, and/or also identify other initiatives) that will integrate basic community bi-directional data sets and indicators (e.g., Healthcare, economic, and social determinants of health (SDOH)). (ADHS, HIE-Health Current, Data & Usability Advisory/Committee)

- Encourage researchers and statewide partners to collect and report out on recommendations and findings utilizing both qualitative & quantitative data, and mixed methods approaches. (TBD)

Strengthening Data Infrastructure: Informing, Integrating, and Sharing

Tactic C

Coordinate data governance with statewide partners

- Identify national, state, local, and tribal best practices/promising practices for data collection and infrastructure. (ADHS, Data & Usability Advisory/Committee)

- Encourage the usage of Community Based Participatory Research (CBPR), which ensures agencies and organizations that collect data from communities communicate data findings and recommendations as part of the data/research feedback loop. (ADHS, Data & Usability Advisory/Committee)

- Statewide partners will collect disaggregated data by subgroups. (e.g., age, racial, language spoken, ability). (ADHS, Statewide Partners)

- Set up data governance agreements, such as Memorandum of Understandings (MOUs) or formal agreements, with national, state, local, and tribal partners. (TBD)

- Link economic data to health data to ensure data systems collection and report equivalent data indicators to make program planning decisions. (TBD)
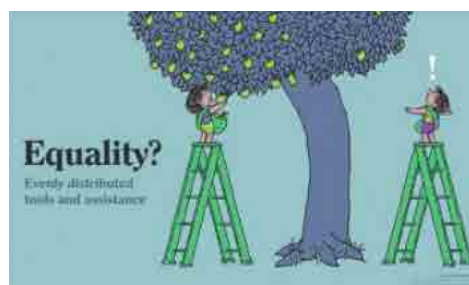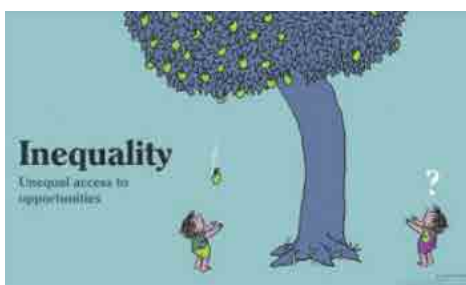
Tony Ruth's Equity Series https://cx.report/2020/06/02/equity/

Community Partnership and Engagement

Tactic A

Strategically engage stakeholders, including diverse and non-traditional stakeholders, in meaningful ways which build trust in relationships and engagement

- Develop and share a comprehensive inventory of groups/organizations, which should be involved/engaged across all AzHIP priorities. (AzHIP Health Priority Areas, ADHS)

- Develop and implement a Communications Plan, which allows for 2-way communications, removes barriers to participation (e.g., offering stipends), and provides transparency on how feedback and comments will be incorporated, throughout the AzHIP. The Communications Plan should:
    - Ensure collaboration with Coalitions/Advocacy Groups. (ADHS, Statewide Partners)
    - Identify leaders who can make decisions and move actions forward toward outcomes. (ADHS and Statewide Partners)
    - Establish roles & responsibilities, and leverage MOUs or agreements, as needed. (AzHIP Health Priority Areas, ADHS)
    - Include strategies or tactics on how to engage communities at the lived experience level
    - Use common language that everyone understands - lay terms, easy-to-understand explanations, etc.

- Develop and implement a plan on how ADHS AzHIP Health Priority Areas will engage Tribal Nations & entities, Community Based Organizations (CBO), Non-profits (NP), Universities/Colleges, Hospital Systems, and non-traditional, inter-disciplinary partners specializing in population health & SDOH in their work. (AzHIP Health Priority Areas, ADHS)

- Conduct training on best & promising practices, including topics such as non-traditional community engagement, models/frameworks of innovative Community Engagement, common language, tele-community engagement, and offering a variety of practices that are culturally competent in approach. (TBD)

- Communicate (e.g., through webinars, data sharing) data collection findings with statewide partners and communities, which closes the loop on identifying, sharing, and communicating data. (NOTE: This action step aligns with the Data Collection Strategy.) (AzHIP Health Priority Areas, ADHS)

- Develop channels (e.g. language interpretation, variety of written and modes of languages, social media, media in general, community based media) that include and provide a variety of organizations, communities, and perspectives or ideas to participate and be included at the "table." (AzHIP Health Priority Areas, ADHS)

- Develop evaluation metrics/tools which assess the impact of partnerships. (TBD)

Policy, Systems, and Environmental Change

Tactic A

Policy Change: Empower communities to drive policy change

- Identify administrative changes (e.g., organizational policy, procedures, processes, and/or resolutions) that can be implemented to advance health equity at the organizational level, including: (Arizona Public Health Association)
  - Collaborative efforts that ensure all AzHIP Priorities infuse health equity into their recommended policy changes.
  - Engage in proposed rulemaking processes at tribal, local, state, or federal levels to address health disparities identified in the State Health Assessment (SHA). (TBD-All Statewide Partners)
- Develop educational opportunities for community stakeholders so that they may engage in policy change efforts. Centering the importance of lobbying vs. advocacy vs. education. Ensuring that all levels of government - tribal, federal, state, local - are highlighted in the training. (TBD)
- Reassess previous policy, systems, and environmental (PSE) initiatives/efforts to reinvigorate opportunities for health in all policies (HiAP) implementation, (e.g., complete streets, shared use, urban shade plans, multimodal transportation, affordable housing, and local school wellness policies). (TBD)

Tactic B

Systems Change: Remove barriers to assist individuals/ communities in navigating systems

- Adopt an inclusive practice that ensures community members, including under-represented and resourced, are represented in all planning stages of initiatives and programs designed to advance health equity. (TBD-All Statewide Partners)
- Ensure the Health Equity Action Plan includes tribal feedback through the Arizona Tribal Consultation Process and ensure all ADHS initiatives and programs follow Arizona's Tribal Consultation Policy to drive a more thoughtful planning process that addresses the health disparities of Arizona's 22 Tribal sovereign nations. (See A.R.S. § 41-2051) (ADHS)
- Work with community stakeholders to holistically support individuals through the Continuum of Care framework/ model. (TBD-Direct Service Providers, Arizona Alliance for Community Health Centers (AACHC), Arizona Health Care Cost Containment System (AHCCCS), DES)

Policy, Systems, and Environmental Change

Tactic C

Environmental Change: Promote Smart Growth development and foster engagement of non-traditional stakeholders

- Support efforts of the AzHIP Rural & Urban Underserved Health Priority to bolster rural resources addressing access to healthcare services. (AzHIP Health Equity Work Group)

- Strengthen health and digital literacy efforts by providing communication in multiple languages & modes, and offering professional interpretation and translation services, in coordination with the Health Equity Community Partnership & Engagement strategies. (TBD-All Statewide Partners)

- Promote Smart Growth development and foster engagement of non-traditional stakeholders in tribal, rural, and urban communities to ensure the benefit of local economies, the environment, public health, and the community as a whole. "Smart Grown" includes things such as Open Spaces, Air Quality, Parks and Recreation, Planning & Building, Food Deserts. Also includes the social environment ensuring a positive change in attitudes or behaviors that promote health. (TBD)

Health in All Policies/Social Determinants of Health

VISION

No one should experience homelessness. Everyone should have access to a safe, affordable home. Housing opportunities should be equitable throughout Arizona's communities, and health should be considered in housing policy (note: includes development, preservation, rental subsidies). Having a home is fundamental to having optimal health.

GOAL

Reduce the percentage of households spending more than 30% of income on housing.

Coordinate state housing and supportive service funding to develop consistency and support integration

Tactic A

Provide strategic input on the State of Arizona Consolidated Plan, as well as local Consolidated Plans initiated by federal entitlement jurisdictions at the city and county levels

- Drive increase in participation/input in Consolidated Plan (focus groups with targeted public health professionals/populations/ communities) at both state and local levels. (ADHS, Vitalyst Health Foundation, Arizona Department of Housing (ADOH))

- Create a cheat sheet of public and private funding opportunities, using the Arizona Partnership for Healthy Communities' funding document as a starting point. (Arizona Partnership for Healthy Communities)

- Define strategic agenda with a set time period and align efforts to increase impact. (Arizona Housing Coalition)

Tactic B

Consider and integrate where appropriate, health considerations into the State's Low-Income Housing Tax Credit Qualified Allocation Plan (QAP)

- Drive increase in participation/input in the QAP (focus groups with targeted public health professionals/populations/communities). (ADHS, Vitalyst Health Foundation, ADOH)

- Define strategic agenda with a set time period and align efforts to increase impact. (Arizona Housing Coalition)

- Review how other states/jurisdictions have incorporated health into their QAP and identify opportunities to leverage best practices. (Vitalyst Health Foundation)

Tactic C

Explore models to enhance coordination across the state on housing issues

- Develop a fact sheet and brief with organizations who would play a major role. (Arizona Housing Coalition)

- Develop a document of best practices from other states and counties. (Pima County Community and Workforce Development with Pima County Health Department)

- Initiate a taskforce to advocate for funding housing initiatives as part of healthcare. (Pima County Health Department)

Coordinate state housing and supportive service funding to develop consistency and support integration

Tactic D

Develop a crosswalk of Medicaid billing codes and community-based health support; and provide training to community organizations in order to increase ability to access federal resources for services

- AHCCCS will develop a crosswalk. (AHCCCS, Vitalyst Health Foundation, Corporation for Supportive Housing, Arizona Partnership for Healthy Communities)

- Develop and deliver training to AHCCCS providers. (AHCCCS)

- Develop or expand meaningful partnerships between housing and AHCCCS providers. (AHCCCS, Arizona Partnership for Health Communities)

- Identify gaps in crosswalk and determine how to address them. (AHCCCS)

Tactic E

Integrate economic support services (e.g., financial literacy, Earned Income Tax Credit, childcare, etc.) in public health programs

- ADHS will promote earned income tax credit through public health programs. (ADHS)

- Incorporate SOAR initiative (homeless) SSB/Social Security. (AHCCCS, ADOH)

- Enhance awareness of opportunities of EITC and financial literacy (529 accounts). (Wildfire)

- Incorporate economic stability programs into the plan. (Wildfire)

Increase financing and funding tools available to develop and preserve housing affordability, while also incentivizing health impacts into these tools

Tactic A

Increase robust rental assistance to landlords and tenants (eviction and/or homeless prevention)

- Expand Tenant-based Rental Assistance Programs. (Arizona Housing Coalition)
- Educate renters, landlords, and case managers to help people stay in their homes. (Eviction prevention, representation) (Arizona Housing Coalition)
- Explore opportunities to federalize state housing dollars appropriate to AHCCCS through the 1115 waiver. (AHCCCS)

Tactic B

Increase support for homeowners

- Promote FHA & VA loan opportunities to promote more affordable housing. (Pima County Community and Workforce Development, Pima County Housing Center, Pima County Health Department)
- Secure additional HUD funding through HOME, shop, and USDA 502 and 504 programs. (Habitat for Humanity Arizona Advocacy Committee)

Tactic C

Support creative privately financed funding sources for housing affordability

- Research other states/practices which show cost/benefits of non-housing organizations assistance (example healthcare organizations/large employers ensuring equitable pay and/or housing near the workplace). (Arizona Partnership for Healthy Communities)
- Develop financial planning education which can be provided to individuals. (Housing Counseling Collaborative)
- Identify steps that can be taken over the next two years to work towards increasing livable wages in Arizona. (Wildfire)
- Perform a gap analysis to identify how many housing units are needed – various income levels. (ADOH)
- Leverage public/private/foundation funding streams to blend/braid to expedite housing development. (ADOH)
- Launch an "affordable housing/community development" Impact Team in 2021. (Valley Leadership)
- Host supportive housing academy. (Vitalyst Health Foundation, Corporation for Supportive Housing)

Improve government and private sector systems to connect individuals to health and support services

Tactic A

Coordinate housing/housing supportive service training across systems including but not limited to mental health/homelessness, physical health, institutional releases, etc.

- Work with AHCCCS workforce development to create housing supportive service standards within the AHCCCS/Medicaid system, and deliver standards to other systems of care. (AHCCCS)

- Secure funding for initial training. (ADHS)

- Work with HUD to reduce barriers and loosen restrictions for project jurisdictions to administer funds. (Habitat for Humanity Arizona Advocacy Committee)
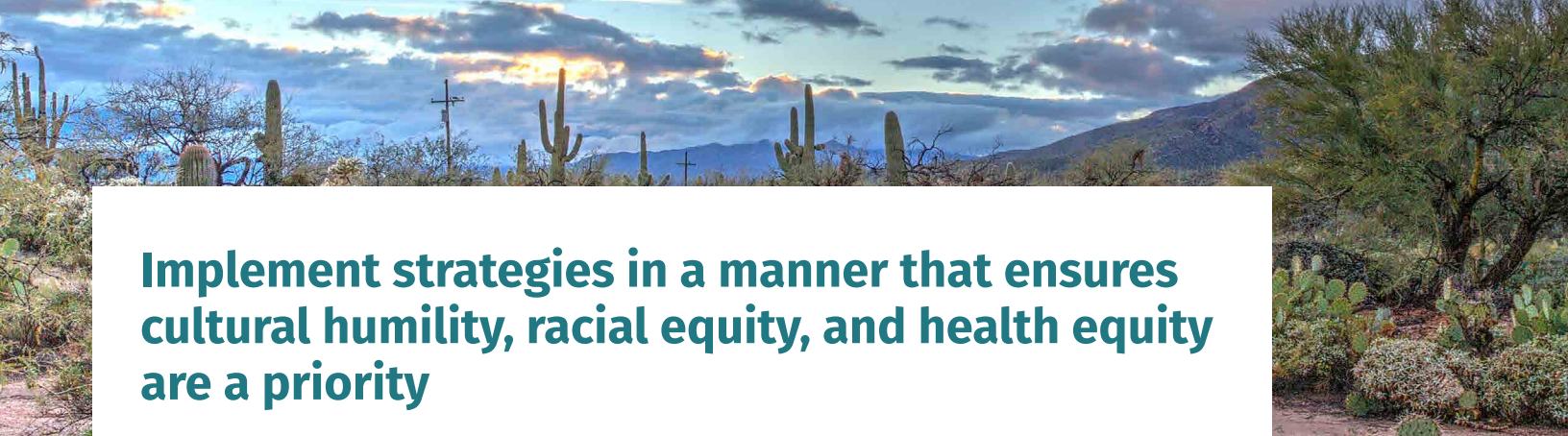
Tactic B

Improve information systems and data sharing between medical and other care systems to facilitate coordination/referral of individuals to the right resources and track outcomes

- Align stakeholders with a closed loop referral system to ensure appropriate referral was made and service delivered. (AHCCCS, Health Current)

- Leverage statewide accepted release of information and include training and education for health providers and community-based organizations. (AHCCCS, Health Current)

- Integrate food assistance and health assistance programs application efforts. (ADHS)

Tactic C

Secure funding for wrap-around services

- Include in the above crosswalk. (AHCCCS)

- Integrate into the Whole Person Care initiative. (AHCCCS)

Implement strategies in a manner that ensures cultural humility, racial equity, and health equity are a priority

Tactic A

Develop actions to contribute to addressing tribal needs in consultation with Tribal Housing Authorities and Health Departments, if requested

- Consult and engage with tribal leaders and communities on housing and health on an ongoing basis. (ADOH, ADHS, AHCCCS)

- Explore opportunities to support the needs of tribal communities. (ADOH, ADHS, AHCCCS)

Tactic B

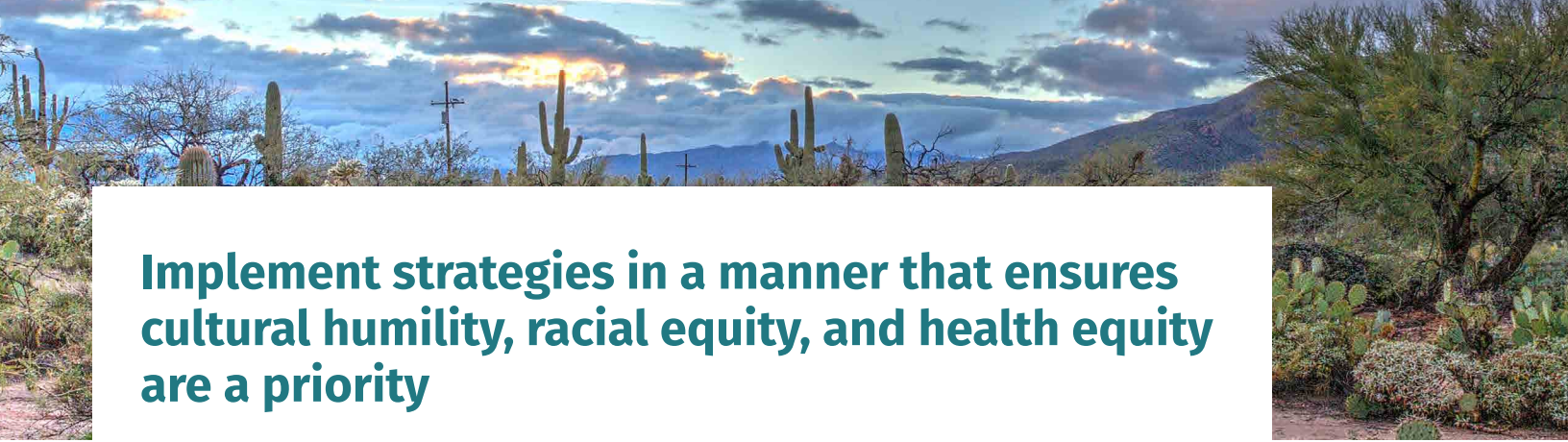**Develop a state action plan addressing housing concerns for people with substance use disorder**

- Participate in CMS Learning Collaborative. (AHCCCS, ADHS, ADOH)

- Develop a state action plan by September 2021. (AHCCCS, ADHS, ADOH)

Tactic C

Leverage published reports addressing how housing inequities disproportionately impact health outcomes (i.e., lack of access to treatment, higher rates of chronic disease and behavioral health conditions, etc.)

- Identify and prioritize issues identified in the literature; link with County Health Improvement Plans. (ADHS)

- Utilize fatality review programs to identify housing issues impacting health. (ADHS)

Implement strategies in a manner that ensures cultural humility, racial equity, and health equity are a priority

Tactic D

Increase awareness and understanding of the connection between health and housing

- Develop a public awareness campaign that housing is healthcare and promote understanding of the return on investment. (Health Choice Arizona, ADHS)

- Increase awareness and adoption of social determinants of health into affordable housing development and community development projects. (Home Matters to Arizona)

- Develop a communications plan supporting the importance of housing to health. (ADHS)

Tactic E

Prioritize funding for implementation of this plan based on the ability to advance equity

- Provide grants to community organizations to implement actions with an equity lens. (ADHS)

- Work with county health departments to implement and/or expand housing related activities into community public health practice. (ADHS)

Mental Well-being

It is important to note that the Mental Well-Being Plan of Action incorporates both existing programs and programs that will need to be developed. A few of the many examples of such efforts include:

Reduce Opioid Use & Overdose Fatalities
- Educating healthcare providers and consumers on available non-pharmacological treatments of chronic pain.
- Launching a public awareness campaign aimed at reducing the stigma that too often poses barriers to seeking services.

Improve Awareness of and Address the Impact of Social Isolation and Loneliness on Health
- Launching a public campaign that raises awareness of the normalcy of isolation, and ways to combat it.
- Designing/implementing community-based pilot initiatives in underserved regions, including virtual networking at the local levels.

Reducing Suicide-Related Events
- Increasing the number of public-facing and frontline staff who are trained in evidence-based suicide prevention skills.
- Leveraging the work of Project AWARE, focusing on school-aged youth at risk.

It is important to note all strategies and action plans are grounded in core values that include the identification of high-risk populations, implementation in ways that ensure cultural relevance and sensitivity, public messaging that de-stigmatizes the issues being addressed, and promotion of the critical importance of having a sense of community and belonging.

VISION

A state of whole person well-being in which every individual experiences life-long growth and capacity-building, adapts to changing challenges and adversities, lives fully and fruitfully, and experiences a sense of belonging and meaning within their community.

-Adapted from World Health Organization

Promote effective non-pharmacologic management of Chronic Pain to reduce unnecessary use of opioids

Tactic A

Implement strategies in a manner that ensures cultural humility and health equity are a priority

- Examine insurance coverage and access for non-opioid therapies for pain management services. (AHCCCS)

- Assess and understand availability of resources in the populations/ communities where training is being delivered and develop a public health resource map. (ADHS)

Tactic B

Educate consumers and providers on available treatments (medical community, chronic pain patients)

- Identify proven alternatives to treat chronic pain and help consumers navigate options. (ADHS)

- Develop education and training materials leveraging existing collateral to provide audience specific content - Create new if necessary. (ADHS)

- Identify target audiences and partner with organizations to deliver training. (AHCCCS)

Tactic C

Enhance access to treatment for substance use disorder, chronic pain, and mental health

- Perform needs assessments and gap analysis (AHCCCS and other) identifying SUD and OUD medical providers in Arizona who offer substance use treatment. (ADHS)2. Identify additional state strategies to improve access to behavioral health care/ pain management. Support use of telehealth for access to care. (AHCCCS)

- Targeted naloxone distribution to the community, not just law enforcement, in areas where opioid overdoses are higher, or where more at-risk populations reside.

- Engage state agencies to promote cross-sector collaboration and support greater access to care and adequate provider networks.

Develop and implement a stigma reduction and awareness campaign

Tactic A

Increase mental health and wellness resources for families of people at risk

- Perform gap analysis and needs assessment of existing/available resources. (AHCCCS)

- Develop education and training materials leveraging existing collateral to provide audience specific content - Create new if necessary. (AHCCCS)

Tactic B

Implement stigma reduction campaign

- Identify target audience for stigma reduction campaign (ADHS/AHCCCS)

- Identify training requirements/topics (ADHS)

- Develop and/or leverage federal, state and local campaigns & training programs and resources to create campaigns (ADHS/AHCCCS)

Tactic C

Implement strategies in a manner that ensures cultural humility and health equity are a priority

- Assess and understand availability of resources in the populations/communities where training is being delivered and develop public health resource maps. (ADHS)

Improve Awareness of, and Address, the Impact of Social Isolation and Loneliness on Health

Increase public discourse on social isolation and loneliness, i.e., stigma, prevalence, and impact on health

Tactic A

Develop strategies which are population-based

- Identify key stakeholders, in Arizona, for each population. (ADHS, AHCCCS, AzCHOW, local health departments, ASU, University of Arizona, NAU)

Tactic B

Create an outreach strategy that de-stigmatizes/normalizes loneliness and sheds light on its impact on health

- Identify the direct needs of communities as indicated in literature reviews and interviews with local stakeholders. (ADHS, local health departments, tribal health, contracted vendors)

- Perform a 50-state review or literature review of public health initiatives and resources for loneliness. (ADHS)

- Co-create collateral/a tool which identifies key indicators and help individuals, others, identify signs and symptoms of loneliness and adapt existing tools – example: UCLA. (ADHS)

- Identify and communicate resources which support individuals who are feeling isolated or lonely with sensitivity to how people want to access information. (Arizona Community Health Workers Association (AzCHOW), local health departments)

Tactic C

Create awareness of social isolation issues among key stakeholders

- Support communities in their efforts to enhance a sense of belonging by developing messaging to connect individuals to key support resources. (community health workers (CHW), faith-based communities, social media/online) (Faith-based groups, veteran's groups, ADHS)

- Develop training for resources. (healthcare workers, CHWs) (ADHS, contracted vendors)

- Examine insurance coverage and access for companionship. (AHCCCS)

Make widely available actionable steps people can take to address loneliness

Tactic A

Create resources and potential actions for persons identifying as lonely and for communities to combat loneliness

- Co-create collateral/tools which identify key indicators and help individuals, and loved ones, identify signs and symptoms of loneliness. Adapt existing tools – example: UCLA. (ADHS)

- Create one resource center (e.g., online clearing house) which brings multiple support organizations, resources, etc. which are available to those in need. (ADHS)

- Identify and communicate resources which support individuals who are feeling isolated or lonely (Example CHWs) – Need to be sensitive to how people want to access information. (ADHS, AZ Veterans Services, contracted vendors)

Tactic B

Develop & launch public awareness campaign

- Conduct formative research and a pilot study. (ADHS, contracted marketing vendor)

Create increased sense of community and belonging throughout Arizona in more vulnerable populations

Tactic A

Create communities of practice to share information and address disconnects

- Leverage trauma informed data. (AHCCCS, Department of Education (ADE), School Districts)

Tactic B

Design and launch community-based pilots that provide telehealth opportunities for select rural/underserved populations to acquire a sense of community and belonging

- Identify groups of individuals (in rural and urban underserved populations) for the pilots with the help of community organizations. (AzCHOW, veteran's groups, local health departments, community agencies)

- Plan a 16-24-week curriculum of virtual events, including wellbeing workshops, meditation, recreational, etc. (ADHS)

- Consider assigning an "ambassador" or "buddy" to every new registrant so that there is less discomfort about starting a new thing. (TBD)

- Track user attendance, frequency, retention, referrals, surveys/ scale on accessibility of "community" and feeling a sense of "community" using software, and automated feedback surveys. (TBD)

- Tailor/update telehealth initiate based on feedback and metrics and then deploy to larger audiences. (ADHS, contracted vendor)

Reduce Suicide-Related Events

Increase number of public facing/front-line staff who receive an approved evidence-based suicide prevention training

Tactic A

Identify organizations (employers/corporations, partners, providers, agencies, etc.) and front-line/public facing staff to receive training

- Create calendar of online, virtual community events, and in-person best practice suicide prevention trainings being offered statewide. (AHCCCS, ADHS)

- Advertise and promote training. (AHCCCS)

- Encourage state agencies to follow the Zero Suicide model and implement virtual practices. (AHCCCS)

Tactic B

Expand statewide training capacity in a manner that ensures cultural humility and health equity are a priority

- Assess and understand availability of resources in the populations/communities where training is being delivered and develop public health resource maps. (AHCCCS)

Reduce Suicide-Related Events

Increase access to mental health management resources, with a particular focus on remote options (telehealth therapy/psychiatry/addiction support appointments, virtual support groups, mental health first aid, etc.)

Tactic A

Ongoing surveillance of suicidal behaviors, risks, and protective factors

- Create state and local suicide mortality review teams to review all suicide deaths in Arizona and identify recommendations for prevention. (ADHS)

- Encourage state agencies to follow the Zero Suicide model and implement virtual practices. (AHCCCS, ADHS)

- Develop recommendations for feasibility of a statewide program for Arizonans to receive navigation to suicide prevention resources. (ADHS)

Tactic B

Implement suicide prevention strategies in a manner that ensures cultural humility and health equity are a priority

- Assess and understand availability of resources in the populations/communities where training is being delivered and develop public health resource maps. (AHCCCS)

Increase awareness and utilization of population-based mental health and wellness resources/outreach where they exist and develop strategies to close gap

Tactic A

Communicate to the public at large (inclusive of higher risk populations)

- Create a social media campaign highlighting suicide prevention resources. (AHCCCS)

- Develop a stigma reduction campaign to promote help seeking behavior to include youth awareness. (ADHS)

Tactic B

Coordinated communication among state and community stakeholders of prevention

- Develop and leverage relationships to further suicide prevention efforts with Tribal, veteran, and rural stakeholders. (AHCCCS, Governor's Office of Tribal Affairs)

- Develop and leverage relationships with priority professions to promote suicide prevention (i.e., veterinarians, construction, first responders). (AHCCCS)

- Through the Healthy Arizona Worksite Program (HAWP), assist employers to encourage their employees to take advantage of available mental health resources. (ADHS)

Tactic C

Implement suicide prevention strategies in a manner that ensures cultural humility and health equity are a priority

- Assess and understand availability of resources in the populations/communities where training is being delivered and develop public health resource maps. (AHCCCS)
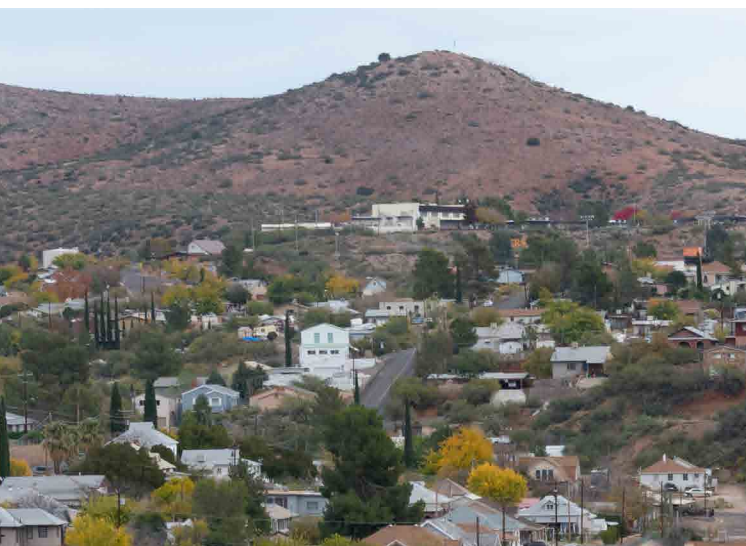
Rural & Urban Underserved Health

VISION

Understanding and addressing health disparities uniquely impacting rural and underserved Arizonans, including Latinx, Black, American Indian, older adults, and other identified underserved communities.

GOAL

Increase the number of healthcare providers in rural areas.

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Address Health Professional Shortage by Building a Diverse Healthcare Workforce

Tactic A

Develop strategies to reduce financial and other barriers for underserved students in health professions education programs (Arizona Area Health Education Centers (AzAHEC), Community Colleges, College/Universities, High Schools, others TBD)

- Inventory, analyze, and perform gap analysis of existing strategies.
- Establish partnerships between academic institutions to develop pathway programs for underserved students. Consider scholarships, tuition remission, training in high needs communities.
- Provide students support, beyond financial (e.g., childcare/eldercare, transportation, tutoring/educational support, formal/informal mentoring, test preparation, connectivity/equipment).
- Identify and share best practice models for replication (e.g., Pharmacy Tech Program - Tuba City Regional Health Care Corporation, Public Health Certificate Program - Dine College, Western Arizona AHEC MA program).
- Develop communications to inform students in underserved areas about scholarships, financial aid, mentorships, etc.

Tactic B

Build/grow healthcare workforce which is representative of the communities served (AzAHEC)

- Convene and partner with academic institutions to develop professional pathways for entry level health professionals to advance their careers. (e.g., certified nursing assistant (CNA) to licensed practical nurse (LPN) to registered nurse (RN), Community Health Worker/Representative (community health worker (CHW)/community health representative (CHR)) to allied health professions)
- Explore paid training opportunities, including Federally funded workforce opportunities, apprenticeships, and internships.
- Identify target audiences and partner with organizations to deliver training.
- Build opportunities and career fairs that focus and prioritize diverse student bodies about becoming a provider and serving in rural areas in Arizona.

Address Health Professional Shortage by Building a Diverse Healthcare Workforce

Tactic C

Quantify healthcare professional shortages in rural & urban underserved areas (Center for Rural Health)

- Align issues and access to retention of healthcare professionals.

- Use data to identify tactics to address recruitment and retention of healthcare professionals.

- Leverage a new healthcare workforce repository that is up and collecting data for doctors of osteopathic (DO), medical doctors (MD), nurses, and behavioral health providers.

Tactic D

Develop a curriculum to address local community priorities/concerns (University of Arizona, NAU, Grand Canyon University, ASU, post-high school)

- Identify specific communities in greatest need and determine the respective needs of each.

- Provide specific and detailed messaging to groups (demographic, community, etc.).

- Develop a curriculum which meets identified needs – leverage existing collateral where possible.

- Align efforts with CHW certification requirements.

Tactic E

Implement curriculum with consideration of Tribal communities needs and cultural understanding (Center for Rural Health)

- Work with tribal and community colleges to further establish health career curriculums which consider specific needs and cultural understanding of tribal communities.

- Create a level of awareness of where shortages exist and develop training opportunities to address shortages.

- Convene and develop processes/mechanisms for communication of opportunities between the education community and healthcare providers community.

Maximize Utilization of CHWs/CHRs in Clinical Settings

Tactic A

Integrate community-based CHWs into primary care/ medical practices to expand access to care and address social determinants of health (SDOH) (AzCHOW, University of Arizona PRC, Indian Health Service (IHS)-Chinle)

- Educate healthcare teams on the role and benefits of the CHW workforce.
- Engage clinical teams to assess clinical roles and identify best practices and opportunities for CHW involvement within the clinical setting.
- Assess current CHW knowledge, skills, and abilities to participate in the patient plan of care to determine training needs.
- Identify external training, certification, and educational opportunities.
- Create a resource which brings together multiple sources which will help individuals navigate the systems and processes associated with vocational training programs.
- Assess opportunities in technical institutes/schools and drive awareness with individuals to grow the pipeline of healthcare professionals.
- Evaluate levels of access which are required and develop a proposal which would enable CHW/R to have access to Electronic Health Records (care plans) as appropriate.

Tactic B

Identify and inventory resources to support/attract (public funders) at various levels (federal, state, private, etc.) (AzCHOW, ADHS)

- Advocate and identify financial aid opportunities (reimbursement).
- Recommend policy changes which provide financial aid opportunities to support CHW training.

Tactic C

Explore reimbursement strategies for CHWs (AzCHOW, ADHS)

- Develop a pilot program among primary care providers (Community Health Centers), tribes, and insurance payers to reimburse for the work done by CHWs.
- Share ideal modeling health care clinics on the advantages of the CHW and how to best implement into their work force.

Improve Indian (IHS/Tribal/Urban) Health by Increasing Access to Care, Reducing Systems Barriers, and Strengthening Infrastructure

Tactic A

Establish a joint effort between ADHS/Arizona Advisory Council on Indian Health Care (AACIHC)/DES/AHCCCS/First Things First to identify initiatives which addresses and improves Tribal needs (access to care, reducing systems barriers, and strengthening infrastructure) (ADHS, AHCCCS)

- Establish MOU between ADHS, AACIHC, DES, AHCCCS, First Things First (FTF) which target tribal needs.

- Identify resources which support policy, system, and environmental change.

- Identify (quarterly/annual) reporting on Native American health which would highlight in reports back to the tribes.

- Coordinate with state programs and resource and financial investments in American Indian/American Native health by providing training on funding opportunities, contracts from the state.

- Engage in and contribute to cross-cultural training for new state agency workers.

Tactic B

Inform state and Tribal leaders of AzHIP goals specific to ITU and identify commitments and resources to achieve them (AACIHC, ADHS)

- Implement a state/local health department governance classification system, important statutory considerations, and how tribes can successfully work with state and local health departments.

- Assemble all the tribal liaisons in health for cross collaboration.

- Develop and communicate webinars on how tribes have increased access to care, highlighting best practices at the tribal level; develop case studies to be shared with other tribes.

Improve Indian (IHS/Tribal/Urban) Health by Increasing Access to Care, Reducing Systems Barriers, and Strengthening Infrastructure

Tactic C

Initiate data mining/reporting initiatives which will help identify and prioritize issues (Inter Tribal Council of Arizona (ITCA) Navajo Epi Center, ADHS, AHCCCS)

- Create a data collection task force which is aligned with Tribal priorities.

- Develop and deliver training on available data, accessing it, and utilizing the data/tools.

- Develop best practices on data sharing agreements, how to negotiate, or how to share data.

- Build training partnerships (along with a toolkit) to support tribes gathering information at the local level - in partnership with ITCA and Navajo Nation.

- Develop a data dissemination plan which includes stakeholder presentation for input and recommendations.

Tactic D

Expand telehealth in rural and underserved areas – Augment tribal ability to provide care via telehealth (Arizona Telemedicine Program, University of Arizona)

- Gather assessments of broadband, internet, telehealth infrastructure for Tribes.

- Maximize, promote, and connect through use of partnership with the Arizona Telemedicine Program.

- Support and explore (identify) telemedicine resources to cover equipment costs (telemedicine start-up costs, equipment purchases, remote access monitoring systems, and staff training).

- Provide targeted technical assistance to Tribes on telehealth/ telemedicine reimbursement, coding, documentation, etc.

- Support (identify) long-term resources to build broadband infrastructure in areas with no or less than ideal internet connections.

Improve Maternal Health Outcomes

Tactic A

Increase pregnant and postpartum women's awareness on postpartum warning signs (ADHS, March of Dimes, County Health Departments, First Things First (FTF))

- Educate patients, parents, family members, and health professionals (home visitors, breastfeeding consultants, etc.) on postpartum warning signs that are culturally appropriate and reflect the needs of communities at the highest risk.

- Incorporate the role of men/partners in campaigns to drive awareness and understanding (of partners) in their role in the 4th trimester/postpartum care keeping in mind cultural norms and health literacy of the target populations.

- Develop and implement campaigns focused on mental health and substance use awareness, stigma reduction, and culturally sensitive.

Tactic B

Improve the access to care for pregnant and postpartum women in Arizona (AHCCCS, AACHC, ADHS, Arizona Family Health Partnership, IHS)

- Adopt maternity care incentive plans or family levels of care models to optimize maternal health care during and after pregnancy.

- Ensure women have covered access to the full range of reproductive resources, including inpatient postpartum LARC.

- Ensure women have access to oral health services during pregnancy by partnering with the Arizona Oral Health Coalition, FTF and county health departments to provide best practice messaging for pregnant women on accessing oral health care.

- Identify resources and agencies that provide one-on-one case management tailored to adolescent pregnant moms to assist them with the continuum of care.

- Expand AHCCCS coverage to women one year postpartum (mental health screenings, continuum of care for mother and child) while reducing overall barriers to enrolling by allowing presumptive eligibility for pregnant women to increase early prenatal care access.

- Identify opportunities to expand and diversify the maternal health workforce, including midwifery, doulas, CHWs, and certified peer specialists through recruitment and incentive programs such as loan repayment.

Improve Maternal Health Outcomes

Tactic C

Support workforce and workforce capacity that serve pregnant and postpartum women in Arizona (ADHS, AzHHA, AACHC, APT, ITCA, Navajo Nation)

- Support healthcare facilities in adopting health equity frameworks to include racial equity training (e.g., Implicit Bias Training), equitable hiring practices, strategies to address SDOH in patients, and equitable physical environments.

- Enhance statewide workforce development opportunities to advance primary care, emergency care, and rural provider skills and awareness of conditions across perinatal periods, including education on conditions needing immediate stabilization for ED providers and procedures for perinatal transport.

- Provide training on the use of culturally appropriate universal screening for Mental Health Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire-9 (PHQ-9) and Substance Use Disorders (4 P's Plus, National Institute on Drug Abuse (NIDA), screening, brief intervention and referral to treatment (SBIRT)) for all pregnant persons in Arizona. Identify appropriate affordable referral sources.

- Strengthen the revitalization of cultural birthing practices in African American, indigenous, and people of color communities throughout Arizona, by supporting community-based initiatives like indigenous doula training and reimbursement for other traditional healers.

Tactic D

Improve surveillance of maternal mortalities and morbidities (TBD)

- Encourage healthcare providers of all types to leverage Health Current as a statewide, universal medical record and prescription drug monitoring/medication reconciliation program.

Improve Maternal Health Outcomes

Tactic E

Support the systems of care that serve pregnant and postpartum women in Arizona (AHCCCS, DES, ADHS)

- Ensure patients who are uninsured or underinsured have access to affordable and appropriate services or supplies, including supplies to manage their conditions (e.g., glucose monitors, insulin), access to dental services, healthy food (particularly to support appropriate weight gain during pregnancy), housing assistance programs, mental health or substance use services, and childcare services.

- Expand models of funded perinatal peer support and group prenatal care programs to support women with perinatal mood disorders, substance use disorders, experiences of Domestic Violence or Intimate Partner Violence, or loss of a child, ensuring that these programs are culturally appropriate and trauma informed.

- Explore opportunities to leverage pediatricians to educate/ influence/assess mother's health needs and encourage follow-up appointments (women-postpartum).

- Establish more systematic referral and follow-up services to support women and families experiencing mental health conditions, substance use, domestic violence, or other SDOH needs.

- Explore chronic disease management models for pregnant and postpartum women.

- Implement safety bundles from the Alliance on Innovation for Maternal Health (AIM) to all birthing facilities in Arizona.

- Partner with AACHC to expand and inform the Federally Qualified Health Center (FQHC) provider network on Alliance for Innovation in Maternal Health safety bundle strategies.

- Strengthen relationship with Tribal healthcare/birthing facilities to improve maternal safety and outcomes by focusing on the wellbeing of mothers and children both during pregnancy and after birth also improving access to culturally appropriate treatment.

- Disseminate and explain Maternal Mortality (MM) and Severe Maternal Morbidity (SMM) findings to families, providers, communities, and systems to elevate areas of opportunity to improve maternal health outcomes, particularly as they relate to mental health, substance use, and domestic violence.